U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -		2. Fiscal Year Covered From:
57.75		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name Kevin L Danner, Sr.		Name Sheet Metal Workers Local # 218 UNION
		Labor Organization File Number 517-675
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any
Street 3000 West Street		Street 2855 Via Verde
City Springfield		City Springfield
State Illinois	ZIP Code + 4	State Illinois ZIP Code +4 62703
. Position in labor organization.	President / Organizer	
. Held an interest in, engaged nonetary value from an empt	(except as specified in the din transactions (including loans) will over whose employees your orga	ur spouse or minor child directly or Indirectly had any of the following interests e exclusions set forth in the Instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged nonetary value from an empt . Name and address of Employer	(except as specified in the din transactions (including loans) will over whose employees your orga	e exclusions set forth in the Instructions): th, or derived income or other economic benefit of
A. Held an interest in, engaged nonetary value from an employed in the state of Employed Name Trade Name, if any:	(except as specified in the din transactions (including loans) will over whose employees your organs or (including trade name, if any).	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged monetary value from an employed. 3. Name and address of Employed.	(except as specified in the din transactions (including loans) will over whose employees your organs or (including trade name, if any).	e exclusions set forth in the Instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
A. Held an interest in, engager nonetary value from an employer. S. Name and address of Employer. Name Trade Name, if any: P.O. Box, Bldg., Room No., if an Street.	(except as specified in the din transactions (including loans) will oyer whose employees your organs or (including trade name, if any).	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engager monetary value from an employer. S. Name and address of Employer. Name Trade Name, if any: P.O. Box, Bldg., Room No., if an Street City State 15. Signature and verification submitted in this report (including and content of the content o	(except as specified in the dring in transactions (including loans) whose employees your orgation (including trade name, if any). ZIP Code + 4 The undersigned declares, under pening the information contained in any according to the information contai	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engager nonetary value from an employer. S. Name and address of Employer. Name Trade Name, if any: P.O. Box, Bldg., Room No., if an Street City State 15. Signature and verification submitted in this report (including and content of the content o	(except as specified in the dring in transactions (including loans) whose employees your orgation (including trade name, if any). ZIP Code + 4 The undersigned declares, under pening the information contained in any according to the information contai	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Kevin Danner, Sr.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8, Name and address of Business (including trade name, if any). Name SMW Local #218 (S) Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2855 Via Verde City Springfield State Illinois ZIP Code + 4 62703	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	The 218 (S) Pension Fund is a related trust of Local 218 union.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	A \$1,897.32 per-diem, wages, hotel and travel expenses were provided for attendance at an International Foundation of Employee Benefit Plans training seminar in Lake Tahoe, NV June 12-17, 2004.		
	12.b. Amount. \$1,897		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	· ·		
Control and the second	- STATE CONTRACTOR		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		